

Stakeholder Interviews

This summary presents the range of perspectives and insights of 19 stakeholders from 13 separate interviews. Guided by a [semi-structured interview protocol](#), stakeholders shared their

- Awareness of Savannah's Health Challenges and Successes
- Vision of a Healthy and Equitable Savannah (with regard to healthy food access)
- Work (role, decision-making, and community partnerships) Toward a Healthy and Equitable Savannah
- Future Work Toward a Healthy and Equitable Savannah (Participation, and PSE)

The following sections summarize interviewees' ideas about (a) the challenges and successes related to improving the health of Savannah residents, (b) how their role and metrics inform their decision-making around health, and (c) current and possible policy, systems, and environmental changes related to local food access.

Stakeholders, Decision-making Role in Food Access, and Partnerships

Stakeholder	Organization (Sector)	Decision-making Role in Food Access	Current Partners
[REDACTED]	Housing Authority of Savannah (Public Housing)	Make decisions to maximize opportunity for healthy establishments in neighborhoods (e.g., offering land for long-term lease, reserving parts of land for “conveniences or retail” instead of housing); purchase and prepare healthy snacks for early learning program for children (Yamacraw Village)	Healthy Savannah, UGA Extension, St. Joseph/Candler
[REDACTED]	Step Up Savannah (Anti-Poverty Initiative)	Manage SNAP-related advocacy work; distribute information and share opportunities through neighborhood leadership and education	Forsyth Farmers’ Market (FFM), Savannah-Chatham Food Policy Council, Chatham County Safety Net Planning Council (CCSNPC), Union Mission Housing Authority, St. Mary, local hospitals, city departments
[REDACTED]	YMCA of Coastal Georgia (Youth and Family Services, Southside and Latino Communities)	Provide healthy snacks during their Early Learning Readiness (ELR) and sports programs; some health education (ELR snack station, child watch program)	Second Harvest, local churches, West Broad YMCA
[REDACTED]	Eastside Concerned Citizens (Community Leader)	Provide education, resources, and healthy food in the community (especially seniors and the disabled); participate in CCSNPC boards and Healthy Savannah	Second Harvest, Healthy Savannah, Step Up / Center for Working Families

Stakeholder	Organization (Sector)	Decision-making Role in Food Access	Current Partners
Zadonna Slay & Chris Abolio	West Broad YMCA (Youth and Family Services)	Offer one-on-one and group education on healthy food choices and sources (e.g., teaching about vegetables and the different nutrients they provide, crop cycles, etc.); increase accessibility to healthy produce (via the garden)	Gulfstream; Growing Edge Community Collaborative: Armstrong State, Chatham County Extension services, Health Dept, Emergent Structures, For Heart Sake, Goodwill, Live Oak libraries, SCCPSS, Savannah Tech, Savannah Urban Garden Alliance, Savannah Victory Gardens, Step Up, Well FED, YMCA of Coastal Georgia
Michael O'Neal	Parent University (Parent and Family Education)	Offer an “atmosphere of non-judgmental exchange” where families can learn about best practices; provide a collaborative environment that allows for the exchange of information	Local universities and retailers, SCCPSS (especially school nutrition program), UGA extension, Savannah Business Group, Healthy Savannah, other local agencies that are grant recipients
Taffanye Young & Marty Johnson	City of Savannah (Government)	Encourage the development of the private sector; attract businesses like Lucky’s (grocery store) interested in benefiting/funding nonprofits; help to make those connections	Farmers’ Market, Healthy Savannah, neighborhood partnerships
Reverend Corey McGill Brown	First African Baptist Church (Faith Community)	Education through the church (e.g., about healthy eating habits)	Second Harvest, Feed the Hungry (network), Hungry Forum Club, local grocery store (occasionally)

Stakeholder	Organization (Sector)	Decision-making Role in Food Access	Current Partners
Maureen McFadden, Marva Pollard, and Eleida Peterson	Department of Family and Community Services (Social Services)	Process food stamps and medicaid applications in a timely and accurate manner; ensure there are no barriers for applying for benefits	Farm Truck 912, Step Up Savannah, Parent University, Chatham County
Mary Jane Crouch	Second Harvest (Food Safety Net)	Serve low-income families; provide healthy food options whenever they are available; allocate organizational resources to support goals (e.g., purchase and deliver more produce)	Local grocery stores, affiliation with Feeding America (farmers' list)
Alfred McGuire	Savannah-Chatham County Public Schools	Set and implement school-based policy related to food and beverages served on campus	
Van Johnson	City of Savannah (Elected Official)	Recommend policies for the City of Savannah; consider residents' and organizations' suggestions related to healthy food access	Healthy Savannah
Matt Clements	Colonial Oil/Enmarket (Business Community)	Make decisions related to Enmarket siting and sales; build partnerships with health-promotion organizations	Healthy Savannah, Savannah Sports Council, Fleet Feet, Farm Truck 912
Miriam Hodesh	Gulfstream (Business Community)	Invest in community partners and host community awareness events; e.g., awarded the Live Well Be Well grant to Forsyth Farmers' Market to help increase access to healthy food for Savannah residents	Healthy Savannah, Forsyth Farmers' Market, Second Harvest

Awareness of Savannah's Health Challenges and Successes

Stakeholders' Perception: What is the current health of Savannah?

On average, the stakeholders rated the the health of Savannah at **2.44** on a scale of 1 (poor) to 5 (excellent). Stakeholders shared reasons for Savannah's low health rating: (1) **observations of obesity** in children, adults, entire families, and seniors, (2) the **availability of unhealthy food choices**, such as eating fried foods and starches and (3) **disparate access to healthy foods** served in restaurants and sold at retailers (e.g., grocery stores, corner stores, or farmers' markets) due to income or neighborhood location. Many stakeholders noted "pockets" and "silos" within the Savannah community where

- 60%-90% of families live in poverty.
- food retail is limited to convenience or corner stores, which lack healthy food choices and variety.
- fast food restaurants are prevalent and affordable places to dine for families with lower incomes.

Stakeholders' Perception: What has facilitated a healthier Savannah?

When asked "why not a lower score?", stakeholders shared the following reasons:

- **change over time** with regard to healthy food retailers, such as the Forsyth Farmers' Market, Wilmington Island Farmers' Market, and Whole Foods. Several stakeholders mentioned a growing number of people who do have access to healthy foods in restaurants and grocery retailers who are choosing to eat healthily.
- **increased sharing of health-related information** among community collaboratives, such as Healthy Savannah.
- **growing awareness of healthy choices**, such as an emerging farm-to-table movement and increased corporate promotion of health and wellness.

Stakeholders' Perception: What has limited a healthier Savannah?

When asked "why not a higher score?", stakeholders shared the following reasons:

- **Cultural or generational influence** on awareness and change of healthy behaviors. For example:
 - "Children being indoctrinated, very early into less healthy lifestyles. This is disproportionate in low economic strata."
 - "Cheetos and Fanta may not be unusual [if people you know are eating them]."
 - "There's no sense of urgency or necessity. Low income folks in the black community have decided that this is 'our lot in life' — generational illness and death."
- **Limited access to healthy foods** among families who earn a lower income:
 - Families often **need transportation to retailers who sell healthy foods**. They are unable to walk due to distance or perceived safety.

- The **cost of healthy foods may be prohibitive** because income affects what you can afford. Stakeholders offered different perspective on the cost of healthy foods:
 - "Some people don't know that you can eat well on the same money that you spend to eat poorly."
 - "We do know that when buying healthy foods, it is more expensive." "People with lesser means might choose less healthy foods in more quantity than more healthy foods in less quantities."
 - "If you don't pay the electricity bill, they turn it off. So families often cut into food." (competing resources)
 - "For some parents, the healthiest meal they will eat is at the PTA meeting." (aim to serve a balanced meal with fruits and salads)
 - "With 23% of residents living in poverty, it becomes an economic decision."
 - **Businesses** interested in providing healthy food options **face operational challenges** related to real estate value, number of rooftops, employee safety, the ability for people to access the store, and profitability.
 - There is a **need for additional education opportunities** about nutrition to inform decisions about food purchase and consumption and connecting food to long-term health.
 - "It's easier to hand a child potato chips than an apple. You have to have been educated about that apple to choose the apple."
 - "Many are misinformed. They don't know what health is exactly."
 - "Parents didn't go out to create children who are less healthy than them. It could be due lack of education and lack of engagement in viable alternatives."
 - "Shopping decisions [may be] so impulsive."
 - **Work responsibilities** may keep people from making healthy choices related to food purchase and mealtimes.
- **Health-related opportunities** (e.g., messages, resources, etc.) are not **coordinated and communicated via spokespeople** the community perceives as trustworthy and relatable, in a way that reflects the benefits of healthy choices. Therefore, these **health-related opportunities are not reaching all communities**; some people are not engaged in "the information (who, what, when, where)." For example, one stakeholder reported, "The resources that are available in the city don't reach the Hispanic community. It might be due to communication barriers or lack of an intentional focus on reaching out to that community."
 - **Community development and related policy, systems, and environmental changes (PSE) do not benefit residents living in lower income areas.** For example, families who earn a lower income are "confined" to an area with (a) zero healthy food stores, national chain grocers, and banks (i.e., food deserts); (b) multiple liquor stores and "mom and pop" [corner] stores; and (c) higher crime rates. Stores, like Family Dollar and Dollar General, are growing in numbers, but not meeting the residents' needs for fresh and affordable foods; these stores are like "scaled-down Walmarts" that are expensive.

Policies, Systems, Environment & Education (PSE & E) : Current and Future Opportunities

Community (Re)Development	
Current Opportunities	Future Opportunities
<p>Growing (Re)Focus on Neighborhood: The pendulum swung from neighborhood analysis and agreements with neighborhoods to a focus on critical services due to new leadership (elected and city administration) and national economy changes. In the last 2 years, a theme has emerged: “What about neighborhoods?” Because of our poverty and crime rates, the pendulum will swing back, which presents an opportunity to include healthy food.</p>	<p>Commercial Development with a Focus on Fresh, Affordable Foods:</p> <ul style="list-style-type: none"> ● Plan for healthy food retail in lower-income communities (See Retail and Distribution Section) ● Plan for more mixed-income communities to decrease the number of isolated low-income neighborhoods. Grocers can site food retail in mixed-income neighborhoods and reach a diverse customer base. This enables them to sell affordable, healthy options and higher-end food items, making them more likely to meet the bottom line (profit) or multiple bottom-line (profit, people, maybe even planet). ● Incorporate a health review (e.g., Health Impact Assessment) in site planning and design; strategy has to consider equity in the design <p>Address Public Safety Issues: “We need to fix our crime situation first. When people are scared, they are not going to worry about how healthy they are; they are going to think about their safety.”</p> <p>Prioritize Communities that Need the Most Help: “We [City of Savannah] didn’t [revitalize] as a whole community. First we went and tackled abandoned Broughton. It generated monies to do other things. Now we need to make the commitment to put monies in neighborhoods that need it.”</p> <p>Create Opportunities to Increase the Income of Residents and Reduce Poverty</p>

Healthy Food Retail and Distribution

Current Opportunities

Farmers' Markets:

- **Community-oriented:** Forsyth Farmers' and Wilmington Island Market provide shoppers access to fresh food, access to community information.
- **Affordable:** Forsyth Farmers' Market and Farm Truck 912 double SNAP dollars.
- **Mobile:** Farm Truck 912 and YMCA Mobile Farm Truck plan to sell in neighborhoods that don't usually see fresh foods.
- **Education:** Offer real potential for outreach that's interactive and educational besides bringing fresh produce into neighborhoods.

Free Food Distribution:

- **Second Harvest** will distribute 1 million pounds of fresh produce via 300 nonprofits in Coastal Georgia; 165 in Chatham County. *Budget allocation include monies for healthier foods (\$25k for fresh produce, \$50k grant for Kids Cafe)*
- **Savannah Feed the Hungry** sends 1 or 2 fresh fruits to homes.

Grocers in Low-Income Communities:

- **Past effort:** Food Lion grocery store opened in West Savannah to address limited access to healthy foods. It was a good addition in part, due to access (e.g., people could walk.) It closed.
- **Current effort:** Housing Authority of Savannah (HAS) is partnering with local businesses and the city to bring a grocery store to Sustainable Fellwood (community in Westside of Savannah; also considered a food desert).

Future Opportunities

More Equitable Retail Opportunities to address the "Land of the Haves and Have Nots"

- "Beautiful" **national grocery store chains**, such as Kroger and Publix, Food Lion or BiLo, in all communities.
- **Smaller venues for retail of fresh food** (e.g., neighborhood markets or corner stores) to increase access to fresh foods, gain a foothold on the concept of healthy eating.
 - Niche opportunity for healthy foods: convenience stores need to evolve their business model to lessen dependence on tobacco and gasoline; fresh foods have potential
- **Farmers' markets** "need to be more than just the weekend and in more locations."

Planning Decisions related to Food-Retail

- **Redefine Access:** Revise the traditional "2 mile grid" for stores to a walkable distance where folks can travel with no car or bus.
- **Transparency:** "[Would like to] understand what kinds of decisions they are making to decide the grocer.
 - Are there policies that the city could find to help us have smaller stores?
 - Is there enough business or market for the grocery or do you take it and make it mobile?"
- Develop private/public partnerships
 - **Financing options**, such as subsidies, land grants, and free advertising/marketing
 - **Incentives:** Develop a policy (instead of case-by-case decision-making) to offer incentives (e.g., lighting or fee waivers, tax breaks) to food retailers who offer healthy, affordable food choices; increase business buy-in
- **Advocacy** : For new stores, such as the neighborhood Walmarts, "take an active role in 'demanding' what we want, such as more space for fresh produce."

Consumer Incentives to encourage them to make the healthy choice, such as coupons for healthy items.

Policy	
Current Opportunities	Future Opportunities
<p>Smoke-Free Ordinance: This health policy serves as a successful model and source of pride.</p> <p>Policy related to Physical Activity: The Healthcare Georgia Foundation grant: Complete Streets and Truman Parkway Greenway is a great opportunity.</p> <p>SNAP Policy: Not helpful for seniors (~\$16/week). For everyone else, it could be helpful if they qualify. Some shoppers use their EBT cards to purchase unhealthy foods (e.g., energy drink and chips).</p> <p>Healthy, Hunger-Free Act: School system has policies to serve healthier meals</p> <ul style="list-style-type: none"> ● challenge: need to change perception that healthy is not tasty ● opportunity: gaining ideas of kids and educating kids and parents about changes ● mandates the SCCPSS District Wellness Policy <p>Organizational Policy: Budget Allocations and Procurement</p> <ul style="list-style-type: none"> ● Example: Second Harvest <ul style="list-style-type: none"> ● \$25,000 for fresh produce ● \$50,000 grant to Kids Cafe; plan to start using frozen vegetables (for the food preparation) <p>Organizational Policy: Selling Healthy Food Options</p> <ul style="list-style-type: none"> ● Example: Woodville-Tompkins High School <ul style="list-style-type: none"> ○ Purposely sell healthier foods (e.g., baked chips instead of Doritos, fresh fruit slushies) to help students develop healthy eating habits. ● Example: Enmarket <ul style="list-style-type: none"> ○ Offer fresh foods and healthy choices (e.g., salads, sandwiches, granola, etc.) in their convenience stores 	<p>Expand SNAP Policy: “When an analysis was conducted on income levels and the number of people who should receive SNAP, it was found that participation in the SNAP program is not what it should be, given the level of poverty in Chatham County.”</p> <p>Intentionally Plan for Health Policies: Create an agenda, identify responsible parties, and create legislation.</p>

Education	
Current Opportunities	Future Opportunities
<p>Opportunities for Nutrition Education</p> <ul style="list-style-type: none"> • Nutrition education provided by various organizations, such as Second Harvest • Nutrition education is articulated in the SCCPSS Wellness Policy 	<p>Opportunities for Nutrition Education in the Latino Community</p> <ul style="list-style-type: none"> • “With the Hispanic community, it’s a lot about their culture; things they learned in their home country that they bring here. It’s hard to get them out of the culture and educating them about food, such as substituting something instead of flour tortilla.” • “Also, with parents working two jobs, they come home late. Kids are unsupervised during after school hours and will just grab whatever. We could create information about healthy crock pot recipes, or simply learning how to read a label. This is probably non-existent in Latino community unless you have intentions to learn about it. Food workshop could be in Spanish.” <p>Workforce Development</p> <ul style="list-style-type: none"> • “Workforce development that is focused on culinary arts (e.g., Union Mission and Savannah Tech). Talk with them about how to make that accessible to people and helping them making healthy choices.” • “Leverage public health students at ASU and the medical schools; talk with them about nutrition.” <p>Parent Education or Training: Parents need training until it becomes part of the culture</p> <ul style="list-style-type: none"> • “Our parents need to be conscious and have an active training role.” • “Training should include incentives; immediate incentives for parents to continue the training because it’s outside of their life skills and mode of operation.” • “Training has to be something that sustains them until it becomes to the level of culture, i.e., what we do.”

Current Opportunities	Future Opportunities
	<p>Offer Education within Existing Systems</p> <ul style="list-style-type: none"> ● <i>“Connect the dots” among current initiatives:</i> Leverage the middle school and after-school initiatives happening in Savannah to provide nutrition or wellness education. ● Integrate nutrition or wellness education into the school system. Stakeholder recommendations: <ul style="list-style-type: none"> ○ Implement PE, nutrition, and health classes [with fidelity] ○ Define and communicate the role of school nutritionist ○ Integrate health into any school-based or classroom activity (e.g., teach how to add with apples) ○ Making the school system incorporate health education into school plans ● <i>Foster Care System:</i> Focus on specific populations within a system <ul style="list-style-type: none"> ○ 275 children in foster care in county; 600 cases of abuse and neglect. ○ “This is a population that doesn’t get a lot of attention for health.” ○ Create programs for them. For example: <ul style="list-style-type: none"> ■ Kitchen for youth 13 and older ■ Outreach to Park Place and Greenbriar to partner with them to cook and prepare healthy foods ○ Foster parents “cook the way the parents cook. They are really giving back to community; what could the community do to help them?” <p>Use Marketing as a Vehicle for Education</p> <ul style="list-style-type: none"> ● Leverage point-of-sale as an opportunity and tool to educate the shopper. For example, post information (about calories, fat, etc.) on menus or food items. ● Develop a consumer information system that notes healthy food retail with a health and cost rating. <p>Educate</p> <ul style="list-style-type: none"> ● farmers about the benefits of making produce donations (e.g., tax write off, protections under the Good Samaritan Act) ● decision-makers and policymakers on how to identify and use appropriate information (e.g., observations, data, metrics, etc.) to inform policies (e.g., organizational, municipal, etc.) as well as model policies. ● food-retail businesses about models for incentivizing and marketing healthy food retail

Community Partnerships and Engagement	
Current Opportunities	Future Opportunities
<p>Community Collaboratives</p> <ul style="list-style-type: none"> ● <i>Healthy Savannah</i> has brought a lot of insights with regard to transportation, food, farmers' market, and the Lean Challenge (which has brought health and fitness to the community). ● <i>Healthy Savannah</i> has done a very good job of bringing partners around the table and promoting this through strong advocacy. The awareness of decision makers has increased and now people pay far more attention to health. Now when we are doing planning, we don't need a representative to sit at the table; it [health] should already be part of it. ● <i>Safety Net</i> also addresses these sort of issues. ● Local businesses (e.g., Gulfstream, Enmarket) support several health initiatives (e.g., Farm Truck 912, EnCourage Health, Live Well Be Well) via charitable contributions. 	<p>Community Engagement:</p> <ul style="list-style-type: none"> ● <i>Listen</i>: "We are are fundamentally not listening if it's not what we want to hear. People need to feel like they are being listened to." ● <i>Dialogue with residents</i>: "With regard to policy change, we need more resident participation in policy making and decision-making." ● <i>Dialogue among decision-makers</i>: "There needs to be a dialogue with all interested policies — a policy of inclusiveness. <ul style="list-style-type: none"> ○ When we initiate this, we have all types of communication to support [health]. ○ People have to value and want it as something for their community; moving health centerstage. This is the biggest thing among the people who are decision-makers." <p>Youth Engagement:</p> <ul style="list-style-type: none"> ● Opportunity to engage youth in healthy collaboratives and initiatives (e.g., <i>Healthy Savannah</i>) as permanent partners and informants about their communities (e.g., school, home, etc.) ● Youth provide an entry into families and communities (i.e., "If you get youth engaged, you get the family engaged"). <p>Prospective Partnerships</p> <ul style="list-style-type: none"> ● Food Manufacturers ● Savannah-Chatham County Public School System ● Local businesses already focused on fresh, healthy food ● Community associations (large number of these)

Communications	
Current Opportunities	Future Opportunities
<p>Relevant, Relatable Messengers: Whatever you are bringing to the community, make sure that you have people who can communicate.</p> <ul style="list-style-type: none"> ● <i>Diversity:</i> At the YMCA, we make sure that our staff looks like the community that we are serving; diversifying the staff. ● <i>Trust:</i> There are a lot of trust issues within the Latino community. You need a person that not only speak Spanish, but someone that they trust. 	<p>Communication Channels:</p> <ul style="list-style-type: none"> ● <i>Media:</i> Stories that tie into health in a non-preachy manner. ● <i>Technology</i> <ul style="list-style-type: none"> ○ <i>Social Media:</i> Instagram and Twitter. ○ <i>Fitness Trackers:</i> Create challenges about healthy activities and food consumption that engage the community. ● <i>Billboards:</i> We did well with smoking. <ul style="list-style-type: none"> ○ Use smoking as an example: “We got rid of billboards, commercials and stopped marketing. Successful campaigns focused on preventing folks from getting started. This is an example of how you can successfully get info across to people.” ● <i>Websites:</i> City, HAS, Chamber, County, school board have websites. They could post health information. <ul style="list-style-type: none"> ○ For example: “HAS could post quick and easy recipes; list things w/ pretty pictures of food” ● <i>Schools:</i> Distribute information about health topics, events, and resources via backpacks, social media, telephone, and mailings. ● <i>City and Government Channels:</i> deliver PSA, information about health happenings, and education (e.g., healthy cooking demonstrations) ● <i>Faith Community</i> <ul style="list-style-type: none"> ○ Share information via “the 700 houses of faith” ○ Establish a faith weekend where local clergy deliver health-based sermons <p>Spokesperson: A healthy ambassador who can endorse healthy choices and happenings as well as model healthy behaviors.</p>

Information, Metrics, and Data	
Common Use of Metrics	Future Opportunities
<p>Used to inform grant writing and program planning:</p> <ul style="list-style-type: none"> ● Projected and past Census data ● Income and poverty level data. ● Feed America for health metrics, also follow the standards from the national Y programs focused on health: Move America, Healthy Eating Partnership of America ● Economic, demographic, and labor data rather than health metrics ● Survey residents and talk to them about their needs. Gather information monthly at Health Day ● Federal formulas and state guidelines pertaining to income and household ● Observations and anecdotal evidence 	<p>Questions to consider when developing strategies for helping decision-makers use data to inform their planning, communication, and evaluation of food-access related programs and policies:</p> <ul style="list-style-type: none"> ● How do we appropriately measure that we are healthier now than we were last year? ● Which data are most appropriate for informing decisions related to food access (e.g., food preparation or food consumption)? ● How can you use data across sectors to inform your specific planning and programming needs? ● How can public-private partnerships provide access to localized (neighborhood-level) data? ● What opportunities exist to access and communicate localized data? ● Which information is most appropriate for compelling advocacy for local policy change?
<p>Used for residential and commercial planning purposes (e.g., new business site locations):</p> <ul style="list-style-type: none"> ● Neighborhood data: demographics, crime rates, etc. ● City-level data on zoning and logistical considerations of new businesses coming in (like lighting, parking, neighborhood response) ● Observations and anecdotal evidence 	
<p>Used to communicate important information to the community in an easily translatable way:</p> <ul style="list-style-type: none"> ● Coastal Georgia Community Indicators ● Disease causes and pre-existing conditions ● Statistics like the number of Savannahians living in food deserts, and the percentage who have been living in generational poverty (30+ years) 	